



FAMILY PRACTICE TRAINING PROGRAM

Request for Application

CAPITATION

**California Healthcare Workforce Policy Commission
1600 9th Street, Room 440
Sacramento, California 95814
(916) 653-0733**

April 2006

**SONG-BROWN FAMILY PHYSICIAN TRAINING ACT
FAMILY PRACTICE RESIDENCY PROGRAM
REQUEST FOR APPLICATION**

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APPLICATION

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ATTACHMENTS

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| A | Health and Safety Code, Section 128200-128240 |
| B | Standards for Family Practice Residency Training Programs |
| C | Guidelines for Funding Applicants and for Program Evaluation for Family Practice Residency Training Programs |
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|-------------------------------|
| SCHEDULE AND DEADLINES |
|-------------------------------|

| | |
|--|--|
| April 5, 2006 | Release of Request for Application (RFA). Post RFA on the California Healthcare Workforce Policy Commission (Commission) web site at: http://www.oshpd.ca.gov/Boards/HWPC/index.htm |
| June 5, 2006 | APPLICATION DUE. Completed application must be received at the Commission office by 5:00 p.m. on due date. (Due date postmarks <u>will not</u> be accepted.) |
| June 6 – August 21, 2006 | Review of applications |
| September 12-13, 2006 | Commission meeting: Presentations by family practice programs; award of funds. |
| September 25, 2006 | Send notices to awardees. Post and announce final Song-Brown Family Practice Training Program <u>awards</u> on the Commission web site. |
| September 2006 – January 2007 | Write Contracts |
| September 2006 – January 2007 | Send contract agreements to family practice programs for signatures. |
| July 1, 2007 – June 30, 2010 | Contracts effective |

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INFORMATION

AUTHORITY:

Pursuant to the Song-Brown Family Physician Training Act, Health & Safety Code Sections 128200, et. seq., (see Attachment A) the California Healthcare Workforce Policy Commission (Commission) will be considering applications to support the training of family physicians at its next meeting on September 12 and 13, 2006. After review of the applications, recommendations for the award of contracts will be made by the Commission to the Director of the Office of Statewide Health Planning and Development (OSHPD).

FUNDING:

Programs that have existing contracts for cycles that are expiring may apply for renewal of those cycles. **Renewal of cycles is not automatic.**

New residency positions are those positions in excess of positions available in the program for the 2006 -2007 academic years.

Capitation cycles, both renewal and new, are funded for a three-year cycle at a capitated rate of \$51,615 per resident position (\$17,205 per position per year x 3 years). Funding amounts are based on the number of cycles awarded to the applicant by the Commission. Programs awarded capitation cycles will enter into a contract with OSHPD for the fiscal period beginning on July 1, 2007 and ending on or before June 30, 2010. Payments will be made on a quarterly basis (every three months) for 1/12 of the three-year cycle amount upon receipt of quarterly certification. The certification must document the total number of family practice residents trained as agreed to in the contract throughout the quarter.

The Song-Brown Act requires that training institutions approved for funding shall, as a minimum, maintain a level of expenditures equivalent to that expended during the 1973-74 fiscal year. Capitation contracts that begin July 1, 2003 or thereafter will have no resident maintenance of effort requirement beyond the number of Song-Brown cycles awarded.

The Commission will determine the funding level available for Capitation funding (contingent upon the final enactment of the State Budget Act for fiscal year 2006 -2007).

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CRITERIA:

Section 128230 of the Song-Brown Act requires that:

“...the commission shall give priority to programs that have demonstrated success in the following areas:

- (a) Actual placement of individuals in medically underserved areas.
- (b) Success in attracting and admitting members of minority groups to the program.
- (c) Success in attracting and admitting individuals who were former residents of medically underserved areas.
- (d) Location of the program in a medically underserved area.
- (e) The degree to which the program has agreed to accept individuals with an obligation to repay loans awarded pursuant to the Health Professions Education Fund.”

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|--------------------|
| ELIGIBILITY |
|--------------------|

Based on the revised contract criteria of May 2002 those programs that previously were not eligible to apply for Capitation expansion funds can now apply for new, renewal, or expansion cycles as long as they meet all other Song-Brown Program criteria.

All family practice residency training programs applying for funds under the Song-Brown program must meet the Standards and Guidelines adopted by the Commission (see Attachments B and C).

Listed on the next page are those programs currently eligible to apply for renewal of capitation cycles.

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Programs eligible to apply for Capitation Cycle Renewal are:

| Program | # of Expiring Cycles | 3-year Cycles | 2-year Cycles |
|--------------------------------------|-----------------------------|----------------------|----------------------|
| Charles R. Drew University | 0 | | |
| County of Contra Costa | 1 | 1 | |
| County of Riverside | 0 | | |
| County of Stanislaus | 2 | 2 | |
| County of Ventura | 3 | 2 | 1 |
| Glendale Adventist Medical Center | 0 | | |
| Harbor – UCLA | 2 | 2 | |
| Kaiser – Orange | 2 | 2 | |
| Kern Medical Center | 2 | 2 | |
| Loma Linda University | 1 | 1 | |
| Long Beach Memorial Hospital | 1 | 1 | |
| Mercy Medical Center, Merced | 2 | 2 | |
| Mercy Medical Center, Redding | 1 | 1 | |
| Methodist Hospital, Sacramento | 1 | 1 | |
| Natividad Medical Center | 2 | 2 | |
| Northridge Hospital Medical Center | 1 | 1 | |
| Pomona Valley Hospital | 2 | 2 | |
| Presbyterian Intercommunity | 1 | 1 | |
| San Jose – O' Connor | 1 | 1 | |
| Scripps Mercy, Chula Vista | 4 | 2 | 2 |
| Sutter Medical Center, Santa Rosa | 2 | 2 | |
| UC Davis Medical Center | 2 | 2 | |
| UC Irvine | 3 | 2 | 1 |
| UC Los Angeles | 2 | 2 | |
| UC San Diego/St. Vincent de Paul | 2 | 2 | |
| UCSF, Fresno | 3 | 2 | 1 |
| UCSF, San Francisco General Hospital | 3 | 2 | 1 |
| USC California Hospital | 3 | 2 | 1 |
| USC Department of Family Medicine | 3 | 2 | 1 |
| White Memorial Medical Center | 1 | 1 | |
| Total Cycles | 53 | 45 | 8 |

All expiring cycles are subject to renewal as 3-year cycles or 2-year cycles.

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QUESTIONS:

Questions regarding the Request for Application (RFA) and the review process may be submitted to OSHPD by contacting:

Manuela Lachica at (916) 654-1311, via e-mail at: mlachica@oshpd.ca.gov or by FAX at (916) 654-3138.

APPLICATION INFORMATION:

The applicant is to submit one signed original and seventeen (17) copies for a total of eighteen (18) complete applications to the following address:

Office of Statewide Health Planning and Development
Health Care Workforce and Community Development Division
1600 9th Street, Room 440
Sacramento, California 95814

Attn: Manuela Lachica

DEADLINE:

**The application must be received at OSHPD by 5:00 p.m. on June 5, 2006.
No extensions of the due date and/or time will be granted.**

PLEASE NOTE: *Acceptance of applications will NOT be based on postmarks. It is the applicant's responsibility to ensure that the applications are received by the deadline.*

INVITATION:

The Commission invites the Residency Director, or other authorized representative of the program to be present at its meeting on September 12 and 13, 2006, to provide a summary of the proposed application (no more than ten minutes in length) and answer any questions the Commission might have. Applicants are strongly encouraged to attend the Commission meeting and remain until funding decisions are made in order to be available to answer questions regarding the program and/or application which may arise subsequent to the presentation by the program. The applicant institution's representative should be prepared to amend the request if the Commission suggests that such an amendment would enhance the application's chances. Presentations will be heard by the Commission in the order that applications are received by OSHPD.

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| |
|----------------------|
| INSTRUCTIONS: |
|----------------------|

1. The application must be:
 - Typewritten, word-processed, or laser-printed
 - Single – spaced, double sided
 - No less than 12 point true type font
 - Numbered at the bottom of the page
2. Staples or binders clips are acceptable for fastening the application together. Do not use rubber bands, paper clips or folders. **Please do not submit applications in folders/binders of any kind.**
3. Applications may be hand-delivered, mailed, or air-expressed. Applicants sending their applications via regular United States postal mail or United Parcel Services should allow sufficient time for delivery **by 5:00 pm on Monday, June 5, 2006.**
4. Unless otherwise directed within the application, use continuation pages (**a maximum of two pages per item**) if additional space is needed to complete any item. Identify each item with its title and attach it to the appropriate page of the application. Please number these continuation pages using the following: Page 2, Page 2a, Page 2b, etc.
5. All questions included in the application must be addressed. If any are not applicable, please answer N/A. **Please provide data in a table format.**
6. The individual who is to direct the proposed program and who will be responsible for the program shall be designated as the **Program Director**. The Program Director will be required each quarter to certify by name the family practice residents trained and any expenditures pertaining to the contract. This means the Program Director is to sign all quarterly certifications.
7. The institution which will be legally and financially responsible and accountable for all State funds awarded on the basis of this application shall be designated as the **Contract Organization**. This will be with whom the contract is written. Please provide the name of the current Contracts Officer, phone number, and address where the contract should be mailed.

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8. **Site Data** – please provide complete address (street, city, county and zip code), using **P.O. boxes may lower your potential score.**
- 8a. **Grad Data** – please provide most current practice site address (street, city, county and zip code) using **P.O. boxes may lower your potential score.**
9. **Include the most recent Accreditation Council for Graduate Medical Education (ACGME) approval letter or, for an Osteopathic Family Practice Residency Program, an equivalent-accrediting agency.** You must include any correspondence in regard to cited deficiencies. **Failure to include this information may disqualify your application.**
10. If the accreditation application (RRC) is included, it is to be separate from-that is, not stapled to nor bound with-the application for Family Physician Training Act funds. If your training program submitted a complete photocopy of the most recent accreditation application as part of previous applications for Family Physician Training Act capitation funds, and no new application has been sent to the accrediting body since the previous application, you need not submit a copy of the application. If, however, you subsequently have submitted a new application (or if this is your first application for funds), one copy of the accreditation application should be included with your application for Family Physician Training Act funds.
11. If any acronyms or abbreviations are used, please include an acronym and definition page.
12. All applicants must complete the face sheet and Sections I through VIII inclusive.
13. **Provide letters of support from community clinics that are associated with your program.**
14. Any revisions to materials originally submitted in your request for application must be sent to Manuela Lachica, at the address on page vi prior to the California Healthcare Workforce Policy Commission meeting September 12 and 13, 2006. No new or revised materials may be handed to the Commission members during the Commission meeting without prior approval from the Commission Chair.
15. Any changes of Program Director or Contract Organization during the contract period must be made known to OSHPD, attention Manuela Lachica at the address located on page vi, by formal letter as soon as possible.

This application is available via e-mail in Microsoft Word format. Please submit your requests to Melissa Omand (916) 654-2091 or by e-mail at momand@oshpd.ca.gov.

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For Commission Use Only:

Application I.D. No. _____

FACE SHEET

(To Be Completed by Applicant Agency)

Name of Training Institution

Program Director Name

Degrees

Title of Position

Mailing Address (Organization, Street, City, State, Zip Code)

Telephone No.

E-Mail Address

FAX Number

Federal Tax ID Number

| Funds Applying for: | Number Requested | x | Rate | = | Total Requested |
|-------------------------------|-------------------------|----------|-------------|----------|------------------------|
| Capitation-Renewal (3-yr) | _____ | x | \$51,615.00 | | _____ |
| Capitation-Renewal (2-yr) | _____ | x | \$34,410.00 | | _____ |
| Capitation-Expansion | _____ | x | \$51,615.00 | | _____ |
| Capitation-New, No Expansion | _____ | x | \$51,615.00 | | _____ |
| Grand Total Requested: | | | | \$ | _____ |

Attach copies of the most recent approval letter from the appropriate accrediting agency.

Contract Organization (Name)

Address (Street, City, State, Zip Code)

Chief Administrative Officer
Applicant Institution

Name and Title of Contracts Officer for
Applicant Institution

Telephone Number (Area Code, Number, Extension)
of Contracts Officer

E-Mail Address

CERTIFICATION AND ACCEPTANCE:

SIGNATURES: (Please sign original application in blue ink)
We, the undersigned, certify that the statements
herein are true and complete to the best of our
knowledge:

Program Director

Administrative Authority

Date

Date

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Section I - Executive Summary/Program History

Executive Summary:

Provide a summary of your application (no more than two paragraphs) containing a brief overview of your proposal.

History:

How many family practice residents were trained in your program by year of residency on July 1, 2004?

| | |
|-------------|-------|
| First Year | _____ |
| Second Year | _____ |
| Third Year | _____ |

How many family practice residents were trained in your program by year of residency on July 1, 2005?

| | |
|-------------|-------|
| First Year | _____ |
| Second Year | _____ |
| Third Year | _____ |

How many family practice residents will be trained in your program by year of residency on July 1, 2006?

| | |
|-------------|-------|
| First Year | _____ |
| Second Year | _____ |
| Third Year | _____ |

Please answer the following questions in the space provided:

1. For your academic year **2006/07**:

- a. How many total positions were offered within your training program?
- b. How many positions were filled within your training program?
- c. How many of those filled were through the match?

2. How many Song-Brown funded residents were in training in your program by year of residency on 7/1/05? Break out by year of residency: PGY-1, PGY-2 and PGY-3.

3. What is the average number of patients seen by a PGY-1, PGY-2 and PGY-3 based on a class year of July – June and covering the family practice clinic?

4. How many residents are fluent enough in a second language to conduct a patient history or exam? Provide a listing of languages spoken.

5. *Culturally Competent/Culturally Responsive Care*

- a. How does your program define culturally competent/culturally responsive care?
- b. How do you incorporate cultural competency/culturally responsive care into your curriculum?
- c. How does it benefit or relate to your patient population?

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Section I-A – Summary of Expenditures/Revenues (2005-2006 Fiscal Year)

EXPENDITURES (2005-06 FISCAL YEAR)

| | |
|---------------------------------|-------|
| Faculty Costs | _____ |
| Residency Stipends | _____ |
| Costs of Family Practice Center | _____ |
| All other Costs | _____ |
| TOTAL | _____ |

REVENUES (2005-06 FISCAL YEAR)

| | |
|---|-------|
| Federal Funding | _____ |
| Research Grants | _____ |
| Private Grants or Legacies | _____ |
| Medical School Support (if community hospital or affiliated residency) | _____ |
| Institutional support (parent institution) | _____ |
| Family Practice Center | _____ |
| State of California (Family Practice Training Act) | _____ |
| Other (Please explain) | _____ |
| TOTAL | _____ |

[If total costs do not equal total revenues, please explain]

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Section II - Organization and Affiliation

- A. For programs based at a medical school, provide evidence that family medicine is recognized as a major independent specialty. What is the organizational status of family medicine in the medical school (e.g., department, division)? Provide information on the names and academic titles of family physician faculty at the medical school.
- B. For programs not based at a medical school, indicate what affiliation agreement exists with a medical school, if any. If no affiliation exists, explain why not. Provide a copy of the most recent affiliation agreement, if one has not previously been furnished to the Commission, or if there has been a change in the agreement since the last application cycle. If the affiliation agreement is included, it is to be separate from – that is, not stapled to nor bound with the rest of the application for Family Physician Training Act funds.

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Section III - Training in Areas of Unmet Need

1. Explain the program's strategy to increase the delivery of primary care services in specific areas of California where there is a recognized priority need for primary care services.

2. Please use the table on the next page to provide a complete address where your programs training sites are located. **Do not use P.O. Boxes.**

3. For each training site located in an area of unmet need for primary care services, describe what, if any effect your training program has had in improving under-service.

4. What established procedures are used to identify, recruit and match residents who possess characteristics which would suggest a predisposition to practice in areas of unmet need?

5. What components of the training program prepare graduates for the care of medically underserved populations? Indicate how many of your residents, representing what percentage of the total enrollment participate in each of these training components. How much time does each participating resident spend with each?

6. Please identify any counseling and placement service designed to encourage training program graduates to enter practice in areas of need.

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Section III – Training in Areas of Unmet Need

Provide a complete address where your Training Program's training sites are located as listed in your most recent Residency Review Committee accreditation application and/or those sites with Area Designations (i.e. HPSA, MUA/MUP) or Site Designations (i.e. FQHC, FC, RHC).

List only those sites through which all of your residents are required to rotate during the course of their training. Include any new rotations that may have been added since your last accreditation application. **Each site should only be listed once.**

You may locate a census tract by using the following web site: <http://www.ffiec.gov>. Click on the Geocoding/Mapping System link.

| *NHSC Site: | Name of Site: | Address: (show street, city, & zip code) -DO NOT USE P.O. BOXES- | County Census Tract | Length of Rotation in Months: | | |
|------------------------|----------------------|---|--------------------------------|--------------------------------------|---------------|---------------|
| | | | | PG - 1 | PG - 2 | PG - 3 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

- *Please identify if site is a National Health Service Corp site

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Section IV - Program Graduates

List graduates of the residency program for each graduating class from June 2002 through June of 2005. Provide most current practice site (one line per graduate). List graduates in order of year of graduation, beginning with 2002 first.

You may locate a census tract by using the following web site: <http://www.ffiec.gov>. Click on the Geocoding/Mapping Systems link.

| *NHSC Scholar | Grad Year | Physician Name | Name of Current Practice Site | County | Certified by ABFP or AOBFP | | Year of Certification |
|--------------------------|----------------------|-----------------------|---|---------------|---------------------------------------|-----------|----------------------------------|
| | | | Street, City, & Zip Code -DO NOT USE P.O. BOXES- | | Yes | No | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

*Identify if graduate is a National Health Service Corp. (NHSC) recipient.

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FEDERAL DESIGNATION OF MEDICALLY UNDERSERVED AREAS/FACILITIES

Federal designation means any geographic area and/or population served by any of the following practice sites:

| <u>Practice Site Type</u> | <u>Acronym</u> |
|--|-----------------------|
| Community Health Centers (Section 330) (Include licensed Community Clinics, Free Clinics, and County Health Facilities) | CHC |
| Migrant Health Centers (Section 329) | MHC |
| Health Care for the Homeless Grantees (Section 340) | HCH |
| Public Housing Primary Care Grantees (Section 340A) | PH |
| Rural Health Clinics (Section 1861 (aa) (2) of Social Security Act | RHC |
| National Health Service Corps Sites, freestanding (Section 333) | NHSC sites |
| Indian Health Service Sites (Pub.L. 93-638 and 94-437) (Include Tribal Programs and Urban Indian Sites) | IHS Sites |
| Federally Qualified Health Centers {Section 1905 (a) and (1) of Social Security Act} | FQHCs |
| Primary Medical Care, Mental Health, and Dental Health Professional Shortage Areas (Section 332) | HPSAs |
| Health Departments-State or County | |

In relation to graduates:

Underserved refers to where the work actually occurs or the care is provided. If care is provided predominantly (>50%) in underserved sites, the graduate's practice should be considered underserved. Practice means either enter an underserved area for the first time or return to an underserved area. If someone spends at least 50% of his/her work time in an underserved area, then he/she should be counted on the tables. Graduates can be counted more than once, but the total practice time per person cannot exceed 100%.

Data not available or missing should be coded NA.

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Section IV – Program Graduates

GRID #1

Record the numbers of graduates practicing in California underserved practice locations. Do not include out-of-state locations except where specifically requested (summary row labeled “c” at bottom).

| Underserved Designations | 2002 Grads | 2003 Grads | 2004 Grads | 2005 Grads | Total |
|--|---------------|---------------|---------------|---------------|-------|
| • Area Designations: | | | | | |
| ¹ California Primary Care Shortage Area (approved by CHWPC on 11/04/04) | | | | | |
| Health Professional Shortage Areas (HPSA) | | | | | |
| Medically Underserved Area/Populations (MUA/MUP) Locate information at www.bphc.hrsa.gov | | | | | |
| • Site Designations: | | | | | |
| California Licensed Community Clinics (CC) | | | | | |
| California Licensed Free Clinics (FC) | | | | | |
| County Facilities (CNTY) | | | | | |
| BPHC Community Health Centers (CHC) | | | | | |
| Federally Qualified Health Centers and Look-Alikes (FQHC and FQHC-LA) | | | | | |
| Health Care for the Homeless (HCH) | | | | | |
| Migrant Health Center (MHC) | | | | | |
| National Health Service Corps (NHSC) | | | | | |
| Public Housing Primary Care (PHPC) | | | | | |
| Indian Health Services Tribally-Run Program (TRHP) | | | | | |
| Urban Indian Health Center (UIHC) | | | | | |
| Certified Rural Health Center (RHC) | | | | | |
| <u>SUMMARY OF GRADUATES:</u> | | | | | |
| a) Total # of Grads in Area and Site Designations <u>in</u> California | | | | | |
| b) Total # of Grads in California, but <u>not in</u> above Areas | | | | | |
| c) Total # of Grads <u>in</u> Class (Include California, out-of-State and missing graduates) | | | | | |
| % of Graduates in Underserved Areas <u>in</u> California (a divided by c) | | | | | |

¹California Primary Care Shortage Area – please contact Melissa Omand of the Song-Brown program at 916-654-2091 or by e-mail at momand@oshpd.ca.gov if you would like a copy of the listing.

*** Each graduate should only be counted once.**

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Section IV – Program Graduates

If you feel you have graduates practicing in medically underserved areas not captured on the previous table, please explain.

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Section V – Training of Underrepresented Minorities

List underrepresented minorities enrolled in your family practice residency program on Grid #2, page 13. Please use definitions listed below.

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION'S

DEFINITION OF UNDERREPRESENTED MINORITY

- * Underrepresented Minority refers to racial and ethnic populations that are underrepresented in the health professions relative to their numbers in the total population under consideration. In most instances this will include African - Americans, Hispanics or Latinos, American Indians, Alaskan natives, Native Hawaiians or other Pacific Islanders, and Asians **other than Chinese, Filipinos, Japanese, Korean, Malaysians, Pakistanis, Asian Indian, or Thai.**

American Indian or Alaska Native means a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community.

Asian means a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, **for example**, Cambodian, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American means a person having origins in any of the black racial groups of Africa.

Hispanics or Latino means a person of Cuban, Mexican, Puerto Rican, and Central or South American origin, regardless of race.

Native Hawaiian or Other Pacific Islander means a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- * As defined by the CHWPC.

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**Section VI - GRID #2
UNDERREPRESENTED MINORITIES ENROLLED IN
FAMILY PRACTICE RESIDENCY PROGRAMS**

| <u>MINORITY CATEGORY</u> | Total # of Residents Graduating in 2003 | Total # of Residents Graduating in 2004 | Total # of Residents Graduating in 2005 | Total Graduates (2003-05) | Total #'s of Current Trainees as of 07/01/05 | | | Total Trainees |
|--|--|--|--|---------------------------------|---|-------|-------|-------------------|
| | | | | | PGY-1 | PGY-2 | PGY-3 | |
| | | | | | | | | |
| Total Residents | | | | | | | | |
| | | | | | | | | |
| a American Indian or Alaska Native | | | | | | | | |
| b ¹ Asian | | | | | | | | |
| c Black or African American | | | | | | | | |
| d Hispanic or Latino | | | | | | | | |
| e Native Hawaiian or other Pacific Islander | | | | | | | | |
| f Total URM (lines a-e) | | | | | | | | |
| g ² Other Minority | | | | | | | | |

¹Asian (other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai)

²Other Minority (including Chinese, Filipino, Japanese, Korean, Asian Indian or Thai). Please specify and describe relevance to population being served

Total Residents = (lines f+g)

**SONG-BROWN FAMILY PHYSICIAN TRAINING ACT
FAMILY PRACTICE RESIDENCY PROGRAM
REQUEST FOR APPLICATION**

Section VI - Team Training

1. Describe how the residency program structures its training to encourage graduates to practice as a member of a health care team that includes nurse practitioners and/or physician's assistants.

2. Describe the duties of any NPs and/or PAs functioning within the residency program.

3. Describe any affiliation or relationship with a primary care nurse practitioner and/or physician assistant training program.

**SONG-BROWN FAMILY PHYSICIAN TRAINING ACT
FAMILY PRACTICE RESIDENCY PROGRAM
REQUEST FOR APPLICATION**

Section VII - A -- Faculty

Biographical Sketch. Give the following information for each of the six [6] key professional staff members, whether or not salary is requested. Begin with the Program Director. Do not include any faculty or staff who spends less than 50 percent time in the Training Program. If necessary use additional pages.

Name (Last, First, Initial)

Academic Title
Program Title

What percentage of professional time is to be devoted to the program?

EDUCATION (Begin with baccalaureate training, include postdoctoral)

| Institution | Degree | Year Conferred | Discipline |
|-------------|--------|-------------------|------------|
|-------------|--------|-------------------|------------|

Honors/Teaching Awards

Relevant Major Research; Scholarly Activity or Community Service related to Song-Brown

List Recent Relevant Publications

Professional and/or Research Experience (Start with present position and list recent significant experience relevant to program. Detail specific experience in family practice.)

**SONG-BROWN FAMILY PHYSICIAN TRAINING ACT
FAMILY PRACTICE RESIDENCY PROGRAM
REQUEST FOR APPLICATION**

Section VII - A -- Faculty

List American Board of Family Practice-Certified Family Physicians or American Osteopathic Board of Family Physicians who regularly participate in your Residency Program. Identify whether they are full-or part-time regular faculty or are community physicians who attend the family practice center or otherwise precept residents. Place an asterisk (*) next to each family physician who is a graduate of the applicant family practice residency program.

Please ensure that all certifications are current

| NAME | ROLE IN PROGRAM | PERCENT FTE OR HOURS PER MONTH | DATE OF MOST RECENT CERTIFICATION (ABFP or AOBFP) |
|------|--------------------|--------------------------------------|--|
|------|--------------------|--------------------------------------|--|

* = Graduates of Applicant Residency Program

**SONG-BROWN FAMILY PHYSICIAN TRAINING ACT
FAMILY PRACTICE RESIDENCY PROGRAM
REQUEST FOR APPLICATION**

Section VII - A -- Faculty

List physician faculty (other than **ABFP**, or **AOBFP**-certified physicians) and non-physician faculty who spend more than 30 hours a week in the **FP** residency program. **DESCRIBE THEIR ROLE IN THE RESIDENCY PROGRAM.**

**SONG-BROWN FAMILY PHYSICIAN TRAINING ACT
FAMILY PRACTICE RESIDENCY PROGRAM
REQUEST FOR APPLICATION**

Section VII - B -- Local Physicians

Describe how practicing family physicians from the local community are utilized in the training program.

**SONG-BROWN FAMILY PHYSICIAN TRAINING ACT
FAMILY PRACTICE RESIDENCY PROGRAM
REQUEST FOR APPLICATION**

Section VIII -- Program Changes

If there have been any significant changes in your residency program since the last application to the Residency Review Committee on Family Practice or American Osteopathic Association Council on Post Doctoral Training please list them here.

**HEALTH AND SAFETY CODE
SECTION 128200-128240**

128200. (a) This article shall be known and may be cited as the Song-Brown Family Physician Training Act.

(b) The Legislature hereby finds and declares that physicians engaged in family practice are in very short supply in California. The current emphasis placed on specialization in medical education has resulted in a shortage of physicians trained to provide comprehensive primary health care to families. The Legislature hereby declares that it regards the furtherance of a greater supply of competent family physicians to be a public purpose of great importance and further declares the establishment of the program pursuant to this article to be a desirable, necessary and economical method of increasing the number of family physicians to provide needed medical services to the people of California. The Legislature further declares that it is to the benefit of the state to assist in increasing the number of competent family physicians graduated by colleges and universities of this state to provide primary health care services to families within the state.

The Legislature finds that the shortage of family physicians can be improved by the placing of a higher priority by public and private medical schools, hospitals, and other health care delivery systems in this state, on the recruitment and improved training of medical students and residents to meet the need for family physicians. To help accomplish this goal, each medical school in California is encouraged to organize a strong family practice program or department. It is the intent of the Legislature that the programs or departments be headed by a physician who possesses specialty certification in the field of family practice, and has broad clinical experience in the field of family practice.

The Legislature further finds that encouraging the training of primary care physician's assistants and primary care nurse practitioners will assist in making primary health care services more accessible to the citizenry, and will, in conjunction with the training of family physicians, lead to an improved health care delivery system in California.

Community hospitals in general and rural community hospitals in particular, as well as other health care delivery systems, are encouraged to develop family practice residencies in affiliation or association with accredited medical schools, to help meet the need for family physicians in geographical areas of the state with recognized family primary health care needs. Utilization of expanded resources beyond university-based teaching hospitals should be emphasized, including facilities in rural areas wherever possible.

The Legislature also finds and declares that nurses are in very short supply in California. The Legislature hereby declares that it regards the furtherance of a greater supply of nurses to be a public purpose of great importance and further declares the expansion of the program pursuant to this article to include nurses to be a desirable, necessary, and economical method of increasing the number of nurses to provide needed nursing services to the people of California.

It is the intent of the Legislature to provide for a program designed primarily to increase the number of students and residents receiving quality education and training in the specialty of family practice and as primary care physician's assistants

**HEALTH AND SAFETY CODE
SECTION 128200-128240**

and primary care nurse practitioners, and registered nurses and to maximize the delivery of primary care family physician services to specific areas of California where there is a recognized unmet priority need. This program is intended to be implemented through contracts with accredited medical schools, programs that train primary care physician's assistants and programs that train primary care nurse practitioners, programs that train registered nurses, hospitals, and other health care delivery systems based on per-student or per-resident capitation formulas. It is further intended by the Legislature that the programs will be professionally and administratively accountable so that the maximum cost-effectiveness will be achieved in meeting the professional training standards and criteria set forth in this article and Article 2 (commencing with Section 128250).

128205. As used in this article, and Article 2 (commencing with Section 128250), the following terms mean:

(a) "Family physician" means a primary care physician who is prepared to and renders continued comprehensive and preventative health care services to families and who has received specialized training in an approved family practice residency for three years after graduation from an accredited medical school.

(b) "Associated" and "affiliated" mean that relationship that exists by virtue of a formal written agreement between a hospital or other health care delivery system and an approved medical school which pertains to the family practice training program for which state contract funds are sought. This definition shall include agreements that may be entered into subsequent to October 2, 1973, as well as those relevant agreements that are in existence prior to October 2, 1973.

(c) "Commission" means the ¹Healthcare Workforce Policy Commission.

(d) "Programs that train primary care physician's assistants" means a program that has been approved for the training of primary care physician assistants pursuant to Section 3513 of the Business and Professions Code.

(e) "Programs that train primary care nurse practitioners" means a program that is operated by a California school of medicine or nursing, or that is authorized by the Regents of the University of California or by the Trustees of the California State University, or that is approved by the Board of Registered Nursing.

(f) "Programs that train registered nurses" means a program that is operated by a California school of nursing and approved by the Board of Registered Nursing, or that is authorized by the Regents of the University of California, the Trustees of the California State University, or the Board of Governors of the California Community Colleges, and that is approved by the Board of Registered Nursing.

128210. There is hereby created a state medical contract program with accredited medical schools, programs that train primary care physician's assistants, programs that train primary care nurse practitioners, programs that train registered nurses, hospitals, and other health care delivery systems to increase the number of students and residents receiving quality education and training in the specialty of family practice or in nursing and to maximize the delivery of primary care family physician

**HEALTH AND SAFETY CODE
SECTION 128200-128240**

services to specific areas of California where there is a recognized unmet priority need for those services.

128215. There is hereby created a Healthcare Workforce Policy Commission. The commission shall be composed of 15 members who shall serve at the pleasure of their appointing authorities:

- (a) Nine members appointed by the Governor, as follows:
 - (1) One representative of the University of California medical schools, from a nominee or nominees submitted by the University of California.
 - (2) One representative of the private medical or osteopathic schools accredited in California from individuals nominated by each of these schools.
 - (3) One representative of practicing family physicians.
 - (4) One representative who is a practicing osteopathic physician or surgeon and who is board certified in either general or family practice.
 - (5) One representative of undergraduate medical students in a family practice program or residence in family practice training.
 - (6) One representative of trainees in a primary care physician's assistant program or a practicing physician's assistant.
 - (7) One representative of trainees in a primary care nurse practitioner's program or a practicing nurse practitioner.
 - (8) One representative of the Office of Statewide Health Planning and Development, from nominees submitted by the office director.
 - (9) One representative of practicing registered nurses.
- (b) Two consumer representatives of the public who are not elected or appointed public officials, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Rules Committee.
- (c) Two representatives of practicing registered nurses, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.
- (d) Two representatives of students in a registered nurse training program, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.
- (e) The Chief of the Health Professions Development Program in the Office of Statewide Health Planning and Development, or the chief's designee, shall serve as executive secretary for the commission.

128220. The members of the commission, other than state employees, shall receive compensation of twenty-five dollars (\$25) for each day's attendance at a commission meeting, in addition to actual and necessary travel expenses incurred in the course of attendance at a commission meeting.

128224. The commission shall identify specific areas of the state where unmet priority needs for dentists, physicians, and registered nurses exist.

128225. The commission shall do all of the following:

**HEALTH AND SAFETY CODE
SECTION 128200-128240**

(a) Identify specific areas of the state where unmet priority needs for primary care family physicians and registered nurses exist.

(b) Establish standards for family practice training programs and family practice residency programs, postgraduate osteopathic medical programs in family practice, and primary care physician assistants programs and programs that train primary care nurse practitioners, including appropriate provisions to encourage family physicians, osteopathic family physicians, primary care physician's assistants, and primary care nurse practitioners who receive training in accordance with this article and Article 2 (commencing with Section 128250) to provide needed services in areas of unmet need within the state. Standards for family practice residency programs shall provide that all the residency programs contracted for pursuant to this article and Article 2 (commencing with Section 128250) shall both meet the Residency Review Committee on Family Practice's "Essentials" for Residency Training in Family Practice and be approved by the Residency Review Committee on Family Practice. Standards for postgraduate osteopathic medical programs in family practice, as approved by the American Osteopathic Association Committee on Postdoctoral Training for interns and residents, shall be established to meet the requirements of this subdivision in order to ensure that those programs are comparable to the other programs specified in this subdivision. Every program shall include a component of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare program graduates for service in those neighborhoods and communities. Medical schools receiving funds under this article and Article 2 (commencing with Section 128250) shall have programs or departments that recognize family practice as a major independent specialty. Existence of a written agreement of affiliation or association between a hospital and an accredited medical school shall be regarded by the commission as a favorable factor in considering recommendations to the director for allocation of funds appropriated to the state medical contract program established under this article and Article 2 (commencing with Section 128250).

For purposes of this subdivision, "family practice" includes the general practice of medicine by osteopathic physicians.

(c) Establish standards for registered nurse training programs. The commission may accept those standards established by the Board of Registered Nursing.

(d) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of family practice programs or departments and family practice residencies and programs for the training of primary care physicians assistants and primary care nurse practitioners that are submitted to the Health Professions Development Program for participation in the contract program established by this article and Article 2 (commencing with Section 128250). If the commission determines that a program proposal that has been approved for funding or that is the recipient of funds under this article and Article 2 (commencing with Section 128250) does not meet the standards established by the commission, it shall submit to the Director of the Office of Statewide Health Planning and Development and the Legislature a report detailing

**HEALTH AND SAFETY CODE
SECTION 128200-128240**

its objections. The commission may request the Office of Statewide Health Planning and Development to make advance allocations for program development costs from amounts appropriated for the purposes of this article and Article 2 (commencing with Section 128250).

(e) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of registered nurse training programs that are submitted to the Health Professions Development Program for participation in the contract program established by this article. If the commission determines that program proposal that has been approved for funding or that is the recipient of funds under this article does not meet the standards established by the commission, it shall submit to the Director of the Office of Statewide Health Planning and Development and the Legislature a report detailing its objections. The commission may request the Office of Statewide Health Planning and Development to make advance allocations for program development costs from amounts appropriated for the purposes of this article.

(f) Establish contract criteria and single per-student and per-resident capitation formulas that shall determine the amounts to be transferred to institutions receiving contracts for the training of family practice students and residents and primary care physician's assistants and primary care nurse practitioners and registered nurses pursuant to this article and Article 2 (commencing with Section 128250), except as otherwise provided in subdivision (d). Institutions applying for or in receipt of contracts pursuant to this article and Article 2 (commencing with Section 128250) may appeal to the director for waiver of these single capitation formulas. The director may grant the waiver in exceptional cases upon a clear showing by the institution that a waiver is essential to the institution's ability to provide a program of a quality comparable to those provided by institutions that have not received waivers, taking into account the public interest in program cost-effectiveness. Recipients of funds appropriated by this article and Article 2 (commencing with Section 128250) shall, as a minimum, maintain the level of expenditure for family practice or primary care physician's assistant or family care nurse practitioner training that was provided by the recipients during the 1973-74 fiscal year. Recipients of funds appropriated for registered nurse training pursuant to this article shall, as a minimum, maintain the level of expenditure for registered nurse training that was provided by recipients during the 2004-05 fiscal year. Funds appropriated under this article and Article 2 (commencing with Section 128250) shall be used to develop new programs or to expand existing programs, and shall not replace funds supporting current family practice or registered nurse training programs. Institutions applying for or in receipt of contracts pursuant to this article and Article 2 (commencing with Section 128250) may appeal to the director for waiver of this maintenance of effort provision. The director may grant the waiver if he or she determines that there is reasonable and proper cause to grant the waiver.

(g) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of special programs that may be funded on other than a capitation rate basis. These special programs may include the development and funding of the training of primary health

**HEALTH AND SAFETY CODE
SECTION 128200-128240**

care teams of family practice residents or family physicians and primary care physician assistants or primary care nurse practitioners or registered nurses, undergraduate medical education programs in family practice, and programs that link training programs and medically underserved communities in California that appear likely to result in the location and retention of training program graduates in those communities. These special programs also may include the development phase of new family practice residency, primary care physician assistant programs, or primary care nurse practitioner programs, or registered nurse programs.

The commission shall establish standards and contract criteria for special programs recommended under this subdivision.

(h) Review and evaluate these programs regarding compliance with this article and Article 2 (commencing with Section 128250). One standard for evaluation shall be the number of recipients who, after completing the program, actually go on to serve in areas of unmet priority for primary care family physicians in California or registered nurses who go on to serve in areas of unmet priority for registered nurses.

(i) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development on the awarding of funds for the purpose of making loan assumption payments for medical students who contractually agree to enter a primary care specialty and practice primary care medicine for a minimum of three consecutive years following completion of a primary care residency training program pursuant to Article 2 (commencing with Section 128250).

128230. When making recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of family practice programs or departments, family practice residencies, and programs for the training of primary care physician assistants and primary care nurse practitioners, or registered nurses, the commission shall give priority to programs that have demonstrated success in the following areas:

- (a) Actual placement of individuals in medically underserved areas.
- (b) Success in attracting and admitting members of minority groups to the program.
- (c) Success in attracting and admitting individuals who were former residents of medically underserved areas.
- (d) Location of the program in a medically underserved area.
- (e) The degree to which the program has agreed to accept individuals with an obligation to repay loans awarded pursuant to the Health Professions Education Fund.

128235. Pursuant to this article and Article 2 (commencing with Section 128250), the Director of the Office of Statewide Health Planning and Development shall do all of the following:

- (a) Determine whether family practice, primary care physician assistant training programs proposals, and primary care nurse practitioner training program proposals, and registered nurse training program proposals submitted to the¹Healthcare Workforce Policy Commission for participation in the state medical

**HEALTH AND SAFETY CODE
SECTION 128200-128240**

contract program established by this article and Article 2 (commencing with Section 128250) meet the standards established by the commission.

(b) Select and contract on behalf of the state with accredited medical schools, programs that train primary care physician assistants, programs that train primary care nurse practitioners, hospitals, and other health care delivery systems for the purpose of training undergraduate medical students and residents in the specialty of family practice. Contracts shall be awarded to those institutions that best demonstrate the ability to provide quality education and training and to retain students and residents in specific areas of California where there is a recognized unmet priority need for primary care family physicians. Contracts shall be based upon the recommendations of the commission and in conformity with the contract criteria and program standards established by the commission.

(c) Select and contract on behalf of the state with programs that train registered nurses. Contracts shall be awarded to those institutions that best demonstrate the ability to provide quality education and training and to retain students and residents in specific areas of California where there is a recognized unmet priority need for registered nurses. Contracts shall be based upon the recommendations of the commission and in conformity with the contract criteria and program standards established by the commission.

(d) Terminate, upon 30 days' written notice, the contract of any institution whose program does not meet the standards established by the commission or that otherwise does not maintain proper compliance with this part, except as otherwise provided in contracts entered into by the director pursuant to this article and Article 2 (commencing with Section 128250).

128240. The Director of the Office of Statewide Health Planning and Development shall adopt, amend, or repeal regulations as necessary to enforce this article and Article 2 (commencing with Section 128250), which shall include criteria that training programs must meet in order to qualify for waivers of single capitation formulas or maintenance of effort requirements authorized by Section 128250. Regulations for the administration of this chapter shall be adopted, amended, or repealed as provided in Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

**STANDARDS FOR FAMILY PRACTICE RESIDENCY TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et.
ADOPTED BY THE ¹CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
(*Revised May 13, 1998)**

- I. Each Family Practice Residency Training Program approved for funding and contracted with under the Song-Brown Family Physician Training Act (hereinafter “the Act”) shall, prior to the initiation of training and the transfer of State funds:
- A. Meet the American Medical Association’s “Essentials for Residency Training in Family Practice”, and
 - B. Be approved by the Residency Review Committee on Family Practice of the American Medical Association, as documented in a formal letter of approval from the Residency Review Committee, or the Liaison Committee on Graduate Medical Education, and
 - C. Be provided by an accredited medical school or a teaching hospital which has programs or departments that recognize family practice as a major independent specialty,

or

For postgraduate osteopathic medical programs in family practice:

- A. Be approved by the American Osteopathic Association (AOA) Council on Postdoctoral Training and meet requirements to ensure that Osteopathic Programs are comparable to programs specified above and
 - B. Be accredited as an “Osteopathic Postdoctoral Training Institution” (OPTI) by the Bureau of Professional Education through the Council on Postdoctoral Training (COPT) and
 - C. Meet C requirement above.
- II. Each Family Practice Residency Training Program, or Post Graduate Osteopathic Medical Program in Family Practice, approved for funding under the Act shall include a component of training in medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare family physicians for service in such neighborhoods and communities.

*Section I, C, on February 7, 2002, the California Healthcare Workforce Policy Commission affirmed that the revision of May 13, 1998 constitutes the current and correct version of the standards.

¹Name Change Revised 1/2/04

**STANDARDS FOR FAMILY PRACTICE RESIDENCY TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et.
ADOPTED BY THE ¹CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
(*Revised May 13, 1998)**

- III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Family Physicians who are trained in the training program funded by the Act, to enter into practice in areas of unmet priority need for primary care family physicians within California as defined by the Healthcare Workforce Policy Commission (hereinafter referred to as “areas of need”). Such strategies shall incorporate the following elements:
- A. An established procedure to identify, recruit and match family practice residents who possess characteristics which would suggest a predisposition to practice in areas of need, and who express a commitment to serve in areas of need.
 - B. An established counseling and placement program designed to encourage training program graduates to enter practice in areas of need.
 - C. A program component such as a preceptorship experience in an area of need, which will enhance the potential of training program graduates to practice in such an area.

¹Name Change Revised 1/2/04

**¹HEALTHCARE WORKFORCE POLICY COMMISSION
FAMILY PRACTICE RESIDENCY TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised JUNE 11, 1999)**

Definition of Family Practice

For the purposes of this program, family practice is defined as that field of medical practice in which the physician, by virtue of training and experience, is qualified to practice in several fields of medicine and surgery, with special emphasis on the family unit, serving as the physician of first contact and means of entry into the health care system, providing comprehensive and continuing health care, and utilizing consultation with other medical experts where appropriate.

Strategies Relating to Areas of Need

Special consideration by the Healthcare Workforce Policy Commission is given those training programs which have developed coherent strategies for locating their graduates in California's areas of unmet priority need for primary care family physicians as defined by the Commission; which have developed close ties with communities and neighborhoods which are experiencing a shortage of medical care; which have success in attracting and admitting members of minority groups to the program; and which have the best records in placing graduates in medically underserved areas.

Concept of Health Care Teams

Training programs should be so organized as to teach family practice residents how to work with and utilize physician assistants and/or nurse practitioners in their practice, and to familiarize residents with the health care team approach to health care delivery. Special consideration is given family practice residency training programs, which are integrated with primary care physician assistant or primary care nurse practitioner training programs.

Involvement of Local Community Physicians

Practicing family physicians in the local community should be utilized in the residency training programs.

Board-Certified Training Program Director

The family practice residency training program director should be a physician certified by the American Board of Family Practice or American Osteopathic Board of Family Physicians.

Existence of Department of Family Practice or Equivalent

Training institutions shall have a family practice department or administrative unit equivalent to those of the major clinical specialties.

¹Name Change Revised 1/2/04

**¹HEALTHCARE WORKFORCE POLICY COMMISSION
FAMILY PRACTICE RESIDENCY TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised JUNE 11, 1999)**

Meaningful Affiliation between Hospitals or other Health Care Delivery Systems and Approved Medical Schools

In assessing how meaningful an agreement of affiliation or association is between hospitals or other health care delivery systems and approved medical schools, the following criteria are used by the Commission in regards to family practice residency training programs:

1. A written agreement exists.
2. Residents, upon successfully completing the residency program, receive a certificate from the affiliated university medical school.
3. The Director of the program and key faculty have teaching appointments at the university.
4. The university assumes some of the costs of the training program.
5. The university supplies teaching support to some significant degree.
6. The institution accepts a program of quality assessment instituted by the university.

¹Name Change Revised 1/2/04

**SONG-BROWN FAMILY PHYSICIAN TRAINING ACT
CONTRACT CRITERIA FOR
FAMILY PRACTICE RESIDENCY TRAINING PROGRAM CONTRACTS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et.
(Revised FEBRUARY 7, 2002)**

I. Contract Awards

- A. Each contract entered into, pursuant to the Song-Brown Family Physician Training Act, Health and Safety Code, Sections 12800, et., (hereinafter “the Act”), shall be based on the recommendation of the ¹Healthcare Workforce Policy Commission to the Director of the Office of Statewide Health Planning and Development recorded in the Healthcare Workforce Policy Commission official minutes.
- B. Each contract shall be for a purpose authorized by the Healthcare Workforce Policy Commission Standards for Family Practice Residency Training Programs.
- C. Each contract shall be between the Office of Statewide Health Planning and Development and a Contractor authorized to apply for funds by the Healthcare Workforce Policy Commission Standards for Family Practice Residency Training Programs.
- D. Purpose for Which Contract Funds May be Expended
 - 1. Contract funds may be expended for any purpose which the training institution judges will most effectively advance the training of family practice residents, but may not be expended for any purpose specifically prohibited by State law, by these contract criteria, or by the contract with the training institution.
 - 2. Contract funds may be used for expenses incurred for the provision of training, including faculty and staff salaries, family practice residents stipends, alterations and renovations necessary to the provision of the residency training programs, and supplies and travel directly related to the training program.
 - 3. Contract funds may be used for new construction only when such construction is specifically provided for in the contract.
- E. Maintenance of Effort

Training institutions approved for funding under the Act shall, as a minimum, maintain a level of expenditures equivalent to that expended on the family practice residency training programs during the 1973-74 fiscal year. Capitation contracts that begin July 1, 2003 or thereafter will have no resident maintenance of effort requirement beyond the number of Song-Brown cycles awarded.

¹Name Change Revised 1/2/04

**SONG-BROWN FAMILY PHYSICIAN TRAINING ACT
CONTRACT CRITERIA FOR
FAMILY PRACTICE RESIDENCY TRAINING PROGRAM CONTRACTS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et.
(Revised FEBRUARY 7, 2002)**

II. Contract Terms

- A. Funds must be expended during such months and in accordance with such provisions as are provided in the Contract, which shall be in accordance with recommendations of the Healthcare Workforce Policy Commission.
- B. Payment shall be made quarterly in arrears on the basis of amounts set forth by the Contractor with final invoice submitted within 120 days of contract's end to the Healthcare Workforce and Community Development Division. The invoice shall include the name of the person employed under this contract, certification by the Program Director that the person was engaged in activities authorized by this agreement, and costs to the Contractor for the services for which reimbursement is sought. The required invoice format shall be provided to the Contractor prior to the effective date of the Contract.
- C. Each Contract shall specify the total amount allowable under the Contract and allowable in each budget category authorized under the Contract, and shall be in accordance with recommendations of the Healthcare Workforce Policy Commission. Transfer of funds between budget categories is permitted only with express written permission of the Deputy Director of the Healthcare Workforce and Community Development Division, and only when not prohibited by other provisions of these Contract Criteria.
- D. Method of Payment

Payment under the Act shall be at a capitation rate of \$17,205 per year for each full-time family practice resident enrolled in the training program as a result of a training contract funded under this Act.

III. Accounting Records and Audits

- A. Accounting

Accounting for contract funds will be in accordance with the training institution's accounting practices based on generally accepted accounting principles consistently applied regardless of the source of funds. Supporting records must be in sufficient detail to show the exact amount and nature of expenditures.

Training institutions may elect to commingle capitation funds received under the Act with any other income available for operation of the family practice residency training program provided that the institution maintains such written fiscal control and accounting procedures as are necessary to assure proper disbursement of, and

¹Name Change Revised 1/2/04

**SONG-BROWN FAMILY PHYSICIAN TRAINING ACT
CONTRACT CRITERIA FOR
FAMILY PRACTICE RESIDENCY TRAINING PROGRAM CONTRACTS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et.
(Revised FEBRUARY 7, 2002)**

accounted for, such commingled funds, including provisions for:

1. The accurate and timely separate identification of funds received under the Act.
2. The separate identification of expenditures prohibited by the contract criteria.
3. An adequate record of proceeds from the sale of any equipment purchased by funds received under the Act.

B. Expenditure Reporting

Reports of training program expenditures and enrollment of family practice residents under the contract must be submitted as requested by the Commission or the Director of the Office of Statewide Health Planning and Development for purposes of program administration, evaluation, or review.

C. Record Retention and Audit

1. The training institution shall permit the Director of the Office of Statewide Health Planning and Development, or the Auditor General, or the State Controller, or their authorized representatives, access to records maintained on source of income and expenditures of its family practice residency training program for the purpose of audit and examination
2. The training institution shall maintain books, records, documents, and other evidence pertaining to the costs and expenses of this contract (hereinafter collectively called the "records") to the extent and in such detail as will properly reflect all net costs, direct and indirect, of labor, materials, equipment, supplies and services, and other costs and expenses of whatever nature for which reimbursement is claimed under the provisions of this contract.
3. The training institution agrees to make available at the office of the training institution at all reasonable times during the period set forth in subparagraph 4 below any of the records for inspection, audit or reproduction by an authorized representative of the State.
4. The training institution shall preserve and make available its records (a) for a period of three years from the date of final payment under this contract, and (b) for such longer period, if any, as is required by applicable statute, by any other clause or this subcontract, or by subparagraph a or b below:
 - a. If this contract is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of

¹Name Change Revised 1/2/04

**SONG-BROWN FAMILY PHYSICIAN TRAINING ACT
CONTRACT CRITERIA FOR
FAMILY PRACTICE RESIDENCY TRAINING PROGRAM CONTRACTS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et.
(Revised FEBRUARY 7, 2002)**

three years from the date of any resulting final settlement.

- b. Records which relate to (1) litigation of the settlement of claims arising out of the performance of this contract, or (2) costs and expenses of this contract as to which exception has been taken by the State or any of its duly authorized representatives, shall be retained by the training institution until disposition of such appeals, litigation, claims, or exceptions.
5. Except for the records described in subparagraph 4 above, the training institution may in fulfillment of its obligation to retain the records as required by this clause substitute photographs, microphotographs, or other authentic reproductions of such records, after the expiration of the two years following the last day of the month or reimbursement to the training institution of the invoice or voucher to which such records relate, unless a charter person is authorized by the State or its duly authorized representatives.

¹**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
OPERATING GUIDELINES
ADOPTED JUNE 10, 1999
(Revised FEBRUARY 17, 2000)**

The California Healthcare Workforce Policy Commission values the expertise and perspective of applicants and encourages their input. In order to manage the application process in the most effective and efficient manner, the Commission has adopted operating guidelines to provide open communication that is fair and manageable and allows for progress to be made in the limited time available. The Commission hopes that the operating guidelines will allow everyone adequate opportunity for input.

GENERAL COMMUNICATIONS:

To communicate outside of Commission meetings, information and/or materials should be forwarded to the Program Administrator, who will consult with the Commission Chair as to how best to disseminate the information to Commissioners.

APPLICATIONS:

The deadline date for completed applications is firm. Exceptions will be made at the discretion of the Chair.

Information missing from incomplete applications may be submitted **only until deadline date**. Exceptions will be made at the discretion of the Chair. Past funding does not guarantee future funding.

FORMAL PRESENTATIONS DURING COMMISSION MEETINGS:

No special audio visual aids may be used during presentations.

Any changes in the order of presentations required by a Program Director's schedule are the responsibility of that Program Director. Staff should be notified in advance of any changes.

Presenters should identify themselves by name, title and institution at the podium.

Presentations should be a maximum of 10 minutes, not including question and answer period from the Commission. Number of presenters should be limited, preferably to one.

Presentation may include:

- Brief summary of the application
- Any new information or information not in the application
- Progress report/updates on activity
- How this application or program is different
- Key highlights/accomplishments
- Any challenges/explanation for why Song-Brown goals cannot be met.

¹Name Change Revised 1/2/04

**¹CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
OPERATING GUIDELINES
ADOPTED JUNE 10, 1999
(Revised FEBRUARY 17, 2000)**

Any new written information not in the application must be submitted to the Program Administrator and approved by the Chair before presentation to the Commission.

¹Name Change Revised 1/2/04

**GOALS: SONG-BROWN FAMILY PHYSICIAN TRAINING PROGRAM
(Health and Safety Code Section 128200)**

1. To increase the number of competent family physicians [as well as, primary care physician assistants and family nurse practitioners] to provide comprehensive primary care to families in California.
2. To improve the training of medical students and residents in family practice by:
 - Encouraging the development of family practice residency programs and departments at California medical schools.
 - Encouraging the training of family practice physicians in community-based settings (e.g., non-university hospitals, rural facilities) in programs affiliated with accredited medical schools.
 - Encouraging the training of family practice physicians in medically underserved areas
3. To improve access to primary care services in California's medically underserved areas by:
 - Increasing the number of family physicians, primary care physician assistants, and family nurse practitioners who receive quality education and training.
 - Increasing the number of family physicians and primary care physician assistants [and family nurse practitioners] who provide services in medically underserved areas.